



Incident Report

Print Date/Time: 07/20/2016 11:01
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008483

Incident Date/Time: 5/5/2016 2:41:09 PM
Location: VERNON RD / 11TH ST NE
LAKE STEVENS WA 98258
Phone Number: (425) 354-9135
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19D3	SS0134-Lyons

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	JAMES		(425) 354-9135			
2	Driver	WHITE, JAMES STEWART				Male	09/14/1987

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
S	1
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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05/05/2016 : 14:42:23 sp0251 Narrative: RP IN A MAIL TRUCK

05/05/2016 : 14:42:18 sp0251 Narrative: RUNNING VEH HAULING A TRAILER LSH TOWARDS LUNDEEN

05/05/2016 : 14:42:17 SP0403 Narrative: AA

05/05/2016 : 14:41:52 sp0251 Narrative: CC, JO , HIT AND RUN

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E541014**CASE # **2016-0008483**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **05** - **05** - **2016** **1440** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**VERNON RD**BLOCK NO. ☒
MILE POST**1100**

DISTANCE

OF (REFERENCE OR CROSS STREET)

300 **00** MILES ☐ N ☐ E ☐ S ☒ W **N DAVIES RD**

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

2

RESTR.

9

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**UNKNOWN**

STATE

WA

VIN#

TRAILER
PLATE #**UNKNOWN**

STATE

WATRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE **PK**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

D: 4253974904

LAST NAME

WHITE

FIRST NAME

JAMESMIDDLE
INITIAL**S**STREET
NEW ADDRESS**225 225 PL SW**

CITY

BOTHELL

ST

WA

ZIP

980210000

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**WHITEJS1300M**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**09****14****1987**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**1**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**7204900**

STATE

WA

VIN#

1GBBS10EJ2302436TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE **PD**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**USPS INSURANCE SELF INSURED**VEHICLE
LEGALLY
STANDINGYES ☒ NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

J. KILROY #0132

BADGE OR ID #

#0132

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 4


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E541014**CASE # **2016-0008483**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was pulling a trailer and traveling north on Vernon Rd in the 1100 block. Unit 2 was stopped on the east side of Vernon Rd in the 1100 block delivering mail. Unit 1 came too close to unit 2 and hit the left mirror of unit 2. The driver of unit 2 did not see who the driver of unit 1 was.

Unit 1 was at fault but did not appear to know he hit unit 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
05-06-16 08:51 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 0071

DATE

5/7/2016 6:26:25 PM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

2:42 PM

TIME POLICE ARRIVED

2:50 PM

PART B 3000-345-160 R (7/06)

PAGE

2

OF

4


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E541014
CASE # 2016-0008483
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # 2 USDOT IOC # VEHICLE TYPE CARGO BODY TYPE

 CARRIER NAME

 CARRIER ADDRESS

 CITY ST ZIP

 NAME SOURCE # AXLES **00** GVWR **0** PLACARD ☐ + NAME IF NO NUMBER
ADDITIONAL UNITS
UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET NEW ADDRESS

 CITY ST ZIP

 CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

 ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

 LICENSE PLATE # STATE VIN#

 TRAILER PLATE # STATE TRAILER PLATE # STATE

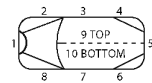
 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

 LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA


UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

 LAST NAME FIRST NAME MIDDLE INITIAL

 STREET NEW ADDRESS

 CITY ST ZIP

 CDL RESTRICTIONS ENDORSEMENTS

 DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

 ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

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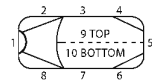
 VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

 LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

 VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
05-06-16 08:51 AM

INVESTIGATING OFFICER'S SIGNATURE _____ UNIT OR DIST DET _____

DATED: _____ PLACE SIGNED _____

 BADGE OR ID # **#0132** ORI # **WA0311900** APPROVED BY **VALVICK** DATE **5/7/2016** PAGE **3** OF **4**

REPORT NO. E541014

CASE # 2016-0008483

DATE AND TIME
OF COLLISION 05/05/16 14:40

